

Minnesota Board of Nursing

For Your Information

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President's Message: Deb Haagenson, RN



Meet NCSBN new CEO: David Benton

I recently had the opportunity to meet Dr. David Benton who replaced Kathy Apple as the Chief Operating Officer (CEO) of the National Council of State Boards of Nursing (NCSBN). Apple retired after 14 years of service to nursing regulation.

Mental health nurse, scholar, researcher, visiting professor, executive director, regulator, consultant and leader are some of the roles Dr. Benton has filled along his path to becoming NCSBN's CEO. He served as CEO of the nurse regulatory body in Scotland, and most recently CEO of the International Council of Nurses. His nursing journey started with his father, who had Multiple Sclerosis. Dr. Benton states he "probably received as much care from the nurses as my father did". He sought out nursing because of the care he and his family had from nurses.

While in his role at ICN, he reflected that as he looked forward to the next five to ten years, he recognized a pressing need to update regulatory processes that was so crucial and important that it is where he wanted to

focus his efforts. Dr. Benton believes that the NCSBN needs to collaborate more, not just on a local or national level, but globally because now nurses move around the country and around the world with greater ease and in larger numbers than they did even a few decades ago. He states that as the CEO of NCSBN he can "bring a broader perspective in terms of not just understanding the US, but knowing I could provide a global picture that is essential as the world shrinks and physical borders become more permeable".

Dr. Benton's first degree was in engineering and he posits that because of that background he often approaches problems or challenges from a systems perspective. He states, "The care that nurses in the clinical setting provide is only part of the equation. The environment they work in, their colleagues and other health care professions and how they all interact impacts patient outcomes. How well the team works together may positively or negatively affect the patient". This is why he thinks that open dialogue between allied health professions, such as those that take place among the members of the Tri-Regulator Collaborative; which is made up of the Federation of State Medical Boards,

(Presidents message continued on page 7)

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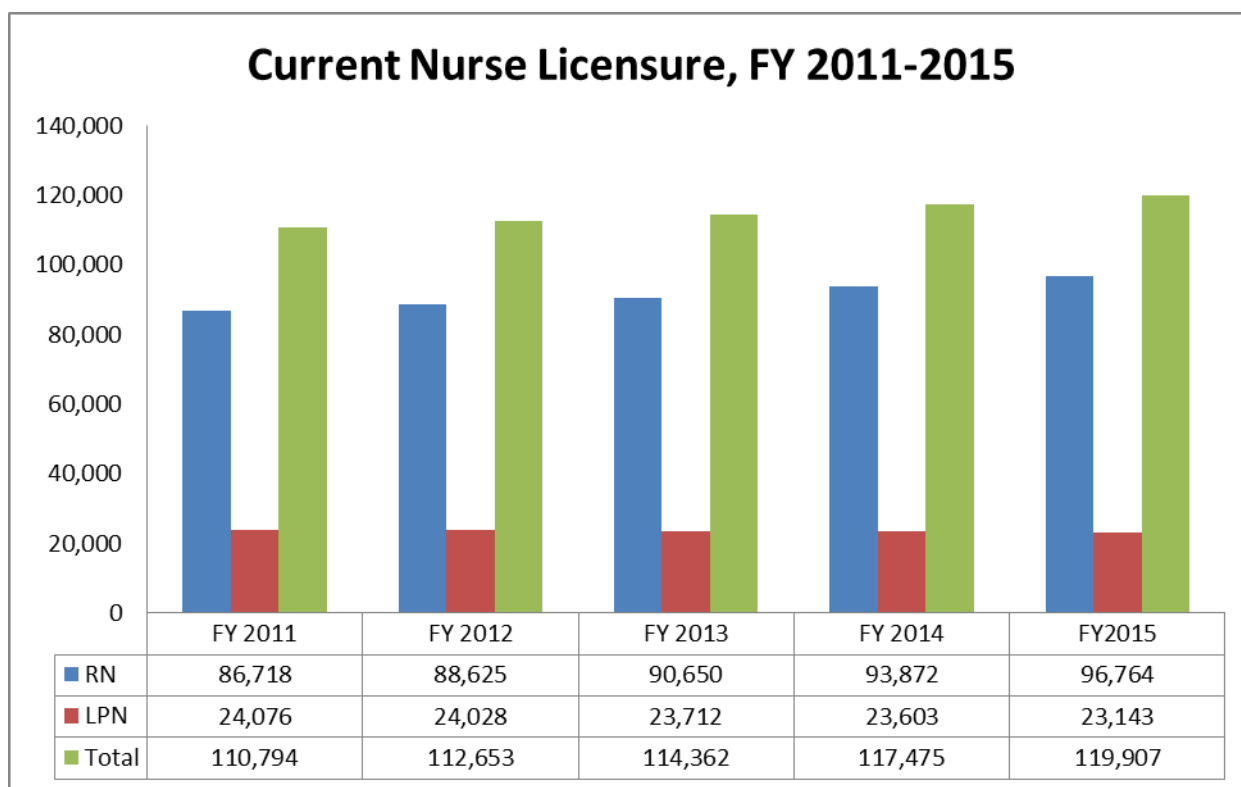
Annual Licensure Report: Fiscal Year 2015

Minnesota Statutes sections 148.171 – 148.285 provides the Board of Nursing with authority to regulate nursing practice for the purpose of public protection. Within this authority, the Board's mission is to protect the public's health and safety through regulation of nursing education, licensure and practice. The Board of Nursing licenses nurses to assure the public that the individuals who practice nursing in Minnesota have the requisite education, competence, and ethical character to practice nursing safely and effectively. The Board of Nursing authorizes individuals to practice as:

- Registered Nurses (RN);
- Licensed Practical Nurses (LPN);
- Advanced Practice Registered Nurses (APRN); and
- Public Health Nurses (PHN).

Each fiscal year, an annual Nursing Licensure Report is reported to the Board. This article contains highlights of that report.

Total nurses: On June 30, 2015 the total number of nurses with current Minnesota licensure was 119,907. The gender of nurses remains essentially unchanged with 92% female and 8% male.



Age of Nurses: The average age of all RNs with current registration is 46.4 years old. The median age of RNs with current registration is 46.

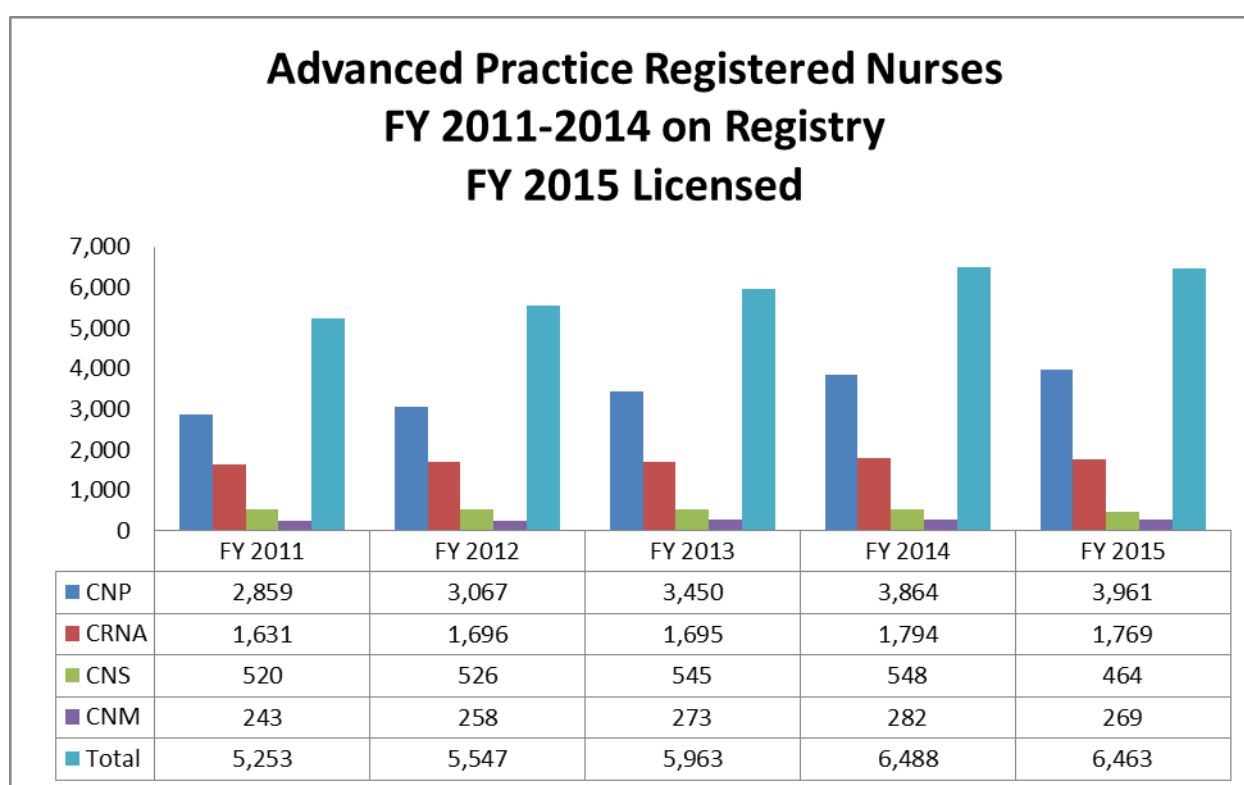
- The youngest RN with current registration is 19 years old.
- The oldest RN with current registration is 93 years old.

The average age of all LPNs with current registration is 46.2 years old. The median age of LPNs with current registration is 46.

- The youngest LPN with current registration is 18 years old.
- The oldest LPN with current registration is 89 years old.

Licensure by examination applications: As of June 30, 2015 the total number of licensure by examination applications processed was 5,434. In FY 2015, most licensure by examination and re-examination applications processed by the Board were graduates of Minnesota nursing programs; 74% RN examination and re-examination applicants and 94% LPN examination and re-examination applicants graduated from Minnesota programs.

Licensure by endorsement applications: As of June 30, 2015 the total number of licensure by endorsement applications processed was 4,204.



Effective January 1, 2015 all APRNs are required to hold a license as an APRN to practice advanced practice nursing in Minnesota. Previously the Board was required to maintain a registry of all registered nurses with a current Minnesota license who were certified as an advanced practice registered nurse. The registry is no longer in effect as of December 31, 2014.

Total Advanced Practice Registered Nurses on the APRN registry: As of June 30, 2014 the total number of APRNs on the APRN Registry was 6,488. As of June 30, 2015 the total number of APRNs licensed was 6,463.

The Board offers round-the-clock licensure services: initial licensure, renewal, change of address, public health registration, reregistration and payment of penalty fees are all available online at the Board's website. The majority of services conducted online are renewals and applications for licensure by exam. The Board receives approximately 80,000 calls per year, 50,000 emails per year, and 1,200 walk-ins per year.

Nurse Licensure Compact Survey: All States Aggregate Findings and Minnesota Data.

Twenty six states have joined the Nurse Licensure Compact (NLC). The NLC allows a nurse to have one multistate license in their primary state of residence and to practice in other compact states with that license. The nursing practice may be in person and electronically.

In 2014, NCSBN surveyed more than 152, 000 licensed nurses to evaluate the impact of the NLC from their viewpoint, as well as the perspective of more than 26, 000 nurse employers and all State Boards of Nursing (BONs). The results of the survey will be presented in this article to inform nurses and the public of the perceptions of the NLC and recommendations from nurses, employers, and boards of nursing to advance the NLC.

All States Aggregate Findings

- 69% of nurse with single-state licenses are aware of the NLC and want their state to join the NLC. Those in favor stated the NLC benefits traveling nurses, offers increased employment opportunities beyond the state's borders and made finding a job easier/quicker/flexible.
- 62% of employers believe that the NLC makes it easier to hire a nurse.
- Those who oppose their state joining the NLC- 2% of those surveyed- offered reasons for their opposition: employment concerns, regulatory issues, and concern over standards and cost.
- 18% of compact nurses and 17% of single license nurses reported that they had provided services or communicated with a patient or client located in a different state/jurisdiction from where they were located during the past 24 months (i.e. telehealth).
- For those nurses who reported practicing in more than one state, nurses from compact states had a slightly higher average number of states practiced through telehealth: 4.15 in compact states and 4.06 in single-state license states.
- Of employers who were familiar with the NLC, the average number of nurses practicing on a compact license issued by another state was 2.38, or 4% of their staff nurses. Of those nurses, 47% held a multistate license due to the nurse being newly relocated, a close second was a nurse living across states/jurisdiction border (46%), and a third was traveling nurses.
- In the past 24 months, approximately 10% of nurses in single license states reporting have engaged in telehealth without a license to practice in a remote state.
- 63% of BONs responding indicated there was no financial impact of the NLC, while 37% indicated there was a financial impact.
- All BONs reported advantages of being a member of the NLC, with 32% reporting some disadvantages. The advantages cited by BONs included the ability for licensees to practice in a number of states, the establishment of a consistent framework to regulate telehealth and distance education issues, and the ability to share the investigative information. Disadvantages included anticipated confusion among employers and nurses about the compact, perceived increased workload for board staff and investigators, nurse aren't always timely licensed when they are should be, and the lack of criminal background checks in all states.
- 6% of compact employers and 20% of single license state employers indicated nurses in their organization require multiple nursing licenses from other states/jurisdictions to perform their job.
- The most common positions requiring multiple licenses were reported as home health/hospice, case management, post-discharge follow up, and telehealth. (Cont. on page 5)

- Employer's most common recommendations to improve the NLC were to expand to more or all of the states and to provide more education and information about the NLC.
- 5% of employers indicated there have been disadvantages of the NLC for their organization. The most common complaints: dealing with states that have not joined the compact and a nurse not understanding their responsibilities related to the NLC.

Minnesota Data

- 614 Minnesota nurses responded to the survey, and the majority were female, RNs, and from an urban setting (56%).
- 60% were not part of a collective bargaining unit.
- 98% of respondents held a single-state license, and 5% held an additional compact state license.
- 66% of respondents were not at all aware of the NLC, with 34% being at least somewhat aware of the NLC.
- 58% of the nurses who were aware of the NLC did not know if Minnesota belonged to the NLC.
- The average number of licenses held by single-state licensees was 1.09 and those with an additional compact state license were 1.05.
- 14% of respondents who were employed in the last 24 months indicated they provided nursing care or communicated with patients or clients outside of their home state at least some of the time.
- Nurses who held a compact license from another state provided nursing care or communicated to patients/clients on average to patients/clients in an average of 9 states.
- Nurses who held a single-state license provided care or communicated with patients or clients on average to patients/clients in 6 states.
- 94% of nurses who provided nursing services or communicated with a patient or client in another state or jurisdiction held a single state license
- 3% of the nurses indicated something had prevented them from applying for a nursing license in another state/jurisdiction. The top reasons indicated were: no need for another license, additional licensing fees and costs, and time involved in applying.
- 94 nurse employers responded to the survey: 55% were from nursing homes or long term care, 24% from hospitals, 16% from "other", 3% from a medical practice and 1% from an ambulatory surgery center not hospital-owned.
- 66% were at least somewhat familiar with the NLC.
- 24% of Minnesota employers familiar with the NLC responded that nurses working in their organization were required to have multiple nursing licenses from other states/jurisdictions to perform their job. The most common reasons cited are for telehealth, case management, post discharge follow up, home health/hospice and "other".
- 77% of employers stated there would be advantages for their organization if Minnesota joined the NLC.
- The top advantages described are the ability to hire or utilize staff from other/border states. Disadvantages were the concern that it may be harder to get nurses to work in long term care with additional options in another state and nurses potentially leaving the state for employment in a border state.
- Top recommendations from employers on how to improve the NLC were to have federal legislation extend the NLC and extend the NLC nationwide. (Cont. on page 6)

(Nurse Licensure Compact Survey continued)

The NCSBN 2014 NLC survey findings clearly support the insight that telehealth is a growing facet of healthcare in the 21st century. NCSBN has been the leader among healthcare regulators with the success of the NLC, with nurses, nursing employers and BONs, with all recognizing the positive impacts of the NLC. As healthcare delivery continues to evolve, it offers opportunities for innovative ways to address the challenges of balancing public protection and reducing regulatory barriers.

Adapted and reprinted with permission from the Arizona regulatory Journal, April 2015.

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National Council of State Boards of Nursing. (2015). NLC Toolkit. Retrieved from <https://www.ncsbn.org/6183.htm>

Tompkins, O. (2010). Nursing compact, AAOHN Journal, 58(3), 124. doi: 10.3928/08910162-20100224-04

Board adopts revised Joint Statement on Pain Management

Since 2004, the Minnesota Boards of Nursing, Medical Practice and Pharmacy have adopted a statement addressing pain management and professional practice, from a regulatory perspective. The intent was neither to provide specific clinical directives nor to be profession-specific. Rather, the motivation was to encourage health professionals to recognize the significant need for effective pain management and support management of this health issue. The Boards have recently completed a revision of the statement. In addition to continuing to emphasize the need for adequate and appropriate pain management, the revised Statement addresses the risks of opioid misuse and abuse and the responsibility of health practitioners to act to reduce these risks. The list of resource materials has also been updated and expanded.

The revised statement may be accessed here: http://mn.gov/boards/assets/Joint_Stmt_Pain_Mngmt_12_2015_tcm21-90796.pdf

Employment of Nursing Students or New Graduates

Employers are sometimes uncertain regarding the scope of practice for individuals they hire when that individual is also a nursing student or has just completed a nursing program.

Minnesota Statutes, section 148.271 provides that an individual may practice nursing in Minnesota without a nursing license, in specific situations. Clause (7) states that the Nurse Practice Act does not prohibit “professional or practical nursing practice by a student practicing under the supervision of an instructor while the student is enrolled in a nursing program approved by the Board under section 148.251”.

This exemption for a student to practice nursing without a license applies only when a student is enrolled in a course and is under the supervision of a nursing instructor. This means that if an employer hires an individual who happens to be a nursing student, that individual may not practice as a practical or professional nurse unless they are enrolled in a nursing course with faculty oversight. If the individual is not currently enrolled in a nursing course, the individual may only work within the scope of practice of unlicensed assistive personnel (UAP). Minnesota Statutes, section 148.171 Section 24 defines an unlicensed assistive personnel (UAP) as “any unlicensed person to whom nursing tasks or activities may be delegated or assigned, as approved by the board.” In this employment situation, the student works only within the employer’s job description for an unlicensed person.

(Employment of Nursing Students or New Graduates continued)

In response to the limitations of scope of practice when a nursing student is employed, a roundtable discussion with the Board of Nursing, academic programs, and clinical agencies was convened in 2002. The purpose of the meeting was to identify regulatory issues regarding summer employment opportunities for nursing students with the goal of maximizing learning and the development of competence. The outcome was what has for 12 years been a successful partnership among educators, clinical agencies and the Board of Nursing known as the “Nursing Internship Implementation Project” (NII).

Through the NII, educators in approved Minnesota nursing programs offer a clinical elective course during the summer for those nursing students who have completed their junior year in a baccalaureate program or the first two semesters of an associate degree program. The goals of the course in which these students enroll include ongoing development of the student’s knowledge, self-confidence, and nursing skills. Clinical partners determine how many enrolled nurse student interns they will accept (either with or without pay). Preceptors are selected by the clinical agencies to work with the nurse interns, and faculty are available to orient the preceptors as needed. Interns, either paid or unpaid, are scheduled and assigned to a unit by the clinical agency.

In the summer of 2015, 9 academic programs and 13 clinical agencies participated, with 116 nurse interns completing summer internships. Participation in the NII is open to any clinical agency or nursing program in Minnesota.

A second area in which there is sometimes confusion is when a nursing student has completed a nursing program and an employer wishes to begin employment of the individual as soon as possible. Because of the speed with which licenses are issued after the licensing examination (48-72 hours, generally), temporary permits (or new graduate permits, as they were sometimes referred to) are no longer issued. The new graduate may only work in the role of unlicensed assistive personnel until they pass the NCLEX-PN® or NCLEX-RN® examination and receive a license to practice from the Board of Nursing. Employers may verify the licensure status of any nurse licensed in Minnesota on the Board of Nursing website: <http://mn.gov/boards/nursing/public/license-verification/>

(Presidents Message continued)

National Council of State Boards of Nursing, and National Association of Boards of Pharmacy, are critical.

Dr. Benton believes that getting people to recognize that regulation can be a very powerful tool in facilitating change and informing direction is vital, and that having regulators as an integral part of policy debate ensures whatever is implemented is workable and in the best interests of patients. He states, “Regulation tends to drag behind practice because those on the frontlines are dealing with the day-to-day issue of how to best meet the needs of patients. There needs to be a robust conversation between the clinician and the regulator so that we are constantly tracking the evolution of what is needed by the public”.

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Minnesota Board of Nursing

Link to Board member profiles:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

How to become a Board member:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

Minnesota Board of Nursing Members

Board Member Name	Board Role
Cindy DeJarlais	LPN Member
Jeanine Gangeness	RN Member
Becky Gladis	LPN Member
Deborah Haagenon	RN Member, Board President
Michelle Harker	Public Member
Bradley Haugen	RN Member
June McLachlan	RN Member
Deborah Meyer	LPN member, Board Secretary
Robert Muster	RN Member
Christine Norton	Public Member
Jan Rainey	Public Member
Christine Renne	Public Member
Sheila Robley	LPN Member
Sue Sendelbach	RN Member, Board Vice President
Steven Strand	RN Member
Natya Stroud	RN Member

Proposed Amendment to Rules Governing Requirements for Licensure and Registration of Practical, Professional, and Advanced Practice Nurses, Minnesota Rule, 6305 and 6310

In June 2014, the Board requested board members to serve on an Advanced Practice Registered Nurse (APRN) License Rulemaking Task Force to develop proposed rules for APRN licensure and registration. In April 2015, the Board approved and authorized the APRN License Rulemaking Task Force to review and revise Minnesota Rule Chapter 6305 Professional and Practical Nurse Licensure and 6310 Professional and Practical Nursing Registration. Request for Comments on Proposed Amendment to and Repeal of Rules Governing Requirements for Licensure and Registration of Practical, Professional, and Advanced Practice Nurses, Minnesota Rules 6305 and 6310 was published in the Tuesday, September 8, 2015 State Register ([40 SR 276](#)). A draft of the proposed rule will be posted on the Board website once it is available.

Contact person:

For comments, questions, and requests regarding APRN licensing and registration, please contact Julie Sabo at the Minnesota Board of Nursing at nursing.board@state.mn.us or 2829 University Avenue SE, Suite #200, Minneapolis, MN 55414. Upon request, this information can be made available in an alternative format, such as large print, braille, or audio. To make such a request, please contact the agency contact person listed.